MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08130

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield Rural
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Pocomoke RFD #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KATHLEEN	TYLER	ATKINSON	Aug.	1,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	1909	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Thomas Tyler
14. MOTHER'S MAIDEN NAME: Bertha M. Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Marion Atkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

643 / 145a

Immediate cause (a) Tox[illegible] Paralytic Illeus Coronary Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Placenta Cruris. D 6- 7 mths Agony — 6-7 mths

(c) Clinic Int Regurgitation Myocardial Arterial Nephritis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 28 49	Placenta Cruris.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: no
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1, 19 49, to Aug 1, 19 49, that I last saw the deceased alive on Aug 1, 19 49, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: Bruce A Cochran M.D. (Degree or title) ADDRESS: Marion sta md DATE SIGNED: 8/3/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Aug. 3, 1949	Salem Methodist Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG. August 3 1949
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors Crisfield

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08131

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon — LENGTH OF STAY (In this place) All life — HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon — STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Sherrel (Middle) Patricia (Last) Bailey

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 3, 1947

9. AGE last birthday: 1yr yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Bailey

14. MOTHER'S MAIDEN NAME: Matilda Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Matilda Hitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun shot wound of head — Interval between onset and death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

919.0
184

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Princess Anne — (COUNTY) R.F.D Som — (STATE) Md

TIME OF INJURY: (Month) 8 (Day) 12 (Year) 1949 (Hour) 10:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? accidentally shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford — (Degree or title) M.D. — ADDRESS: Princess Anne Md — DATE SIGNED: 8/13/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 8/14/49 — NAME OF CEMETERY OR CREMATORY: Mt Vernon — LOCATION (City, town, or county): Mt Vernon — (State): Md

DATE RECD BY LOCAL REG. 8/15/49 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr. — 24. FUNERAL DIRECTOR: William H. Jones Jr. — ADDRESS: Princess Anne Md

VS. A15A

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 08132

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne | HOSPITAL OR INSTITUTION OR STREET ADDRESS Somerset Heights | MARYLAND | LENGTH OF STAY (In this place) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Somerset | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne | STREET ADDRESS (If rural, give location) Somerset Heights

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Lee (Last) Collins

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 4/5/29 | 9. AGE last birthday 20 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl G. Waller

14. MOTHER'S MAIDEN NAME Edna Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 218244218

17. INFORMANT Mother (Edna Waller)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck & fractured skull — Interval between onset and death: Instant

825.5 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170C (c)

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY R.F.D. 3 | (CITY OR TOWN) near Princess Anne | (COUNTY) Som | (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 14 1949 6:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐ undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) | ADDRESS Princess Anne Md. | DATE SIGNED 8/15/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 17 1949 | NAME OF CEMETERY OR CREMATORY St. Andrew Cemetery | LOCATION (City, town, or county) Princess Anne | (State) Md.

DATE REC'D BY LOCAL REG. 8/17/49 | REGISTRAR'S SIGNATURE R. E. Johnson, M.D. | 24. FUNERAL DIRECTOR Lewis R. Wilson | ADDRESS Princess Anne, Md.

VS. A15A

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AUG 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08133

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Westover Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover; LENGTH OF STAY (In this place) Resident; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parksley; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Madison	Chase	Aug	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/4/1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Teagle Thomas Chase	Norma K. Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	None	Iona W. Chase, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed about decapitation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

816.5
170C

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 13	(CITY OR TOWN)	(COUNTY)	(STATE)
		near Westover	Somerset	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Motor Vehicle Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford	M.D.	Princess Anne Md	8-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1949	Parksley Cemetery	Parksley Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/5/49	K. E. Johnson, M.D.	Elvin B. Watson	Princess Anne, Md

VS. A15A

RECEIVED
AUG 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08134

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cove Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural give location) Shows Traveled with Va. Greater

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Conley (Last)

4. DATE OF DEATH (Month) Aug. (Day) 1, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH About 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Showman
10b. KIND OF BUSINESS OR INDUSTRY Carnival
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT E.M. Curtin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died Aug 1-1949

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead When I was Called, 19..., to ....., 19....., that I last saw the deceased alive on No, 19....., and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE Wm H Coulbourn (Degree or title) MD ADDRESS Crisfield Md DATE SIGNED 8/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/3/49
NAME OF CEMETERY OR CREMATORY Sunny Ridge Cemetery
LOCATION (City, town, or county) Hopewell Md. (State)

DATE REC'D BY LOCAL REG. Aug. 3, 1949
REGISTRAR'S SIGNATURE C. E. Collins
24. FUNERAL DIRECTOR Durward Covington ADDRESS 306 Main St.

RECEIVED
AUG 8 1949
BUREAU V. S.

08135

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield rural — LENGTH OF STAY (in this place): Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hospital	STREET ADDRESS (If rural give location): Myrtle Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)		
CORNELIOR	JANE	COULBOURNE	Aug. 28, 1949		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 26, 1866	9. AGE last birthday: 82 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Sewing~~ Sewing	10b. KIND OF BUSINESS OR INDUSTRY: Garment Factory	11. BIRTHPLACE (State or foreign country): Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Charles R. Tawes		14. MOTHER'S MAIDEN NAME: Eliza Ellen Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Preston Tawes		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia Acute Dil of Heart	1 week
592 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholera Litterosis with Empyema	1 week
	(c) Chronic Int nephritis Chronic myocardial	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ no	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Aug 21, 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 27, 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C Coulbourn marion sta md August 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: Aug. 30, 1949	NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery	LOCATION (City, town, or county) (State): Crisfield, Maryland
DATE REC'D BY LOCAL REG.: August 30, 49	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

08136

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oriole
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) (Last) Jones
4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH ~~Not Known~~ 1866
9. AGE last birthday 73 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Somerset Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Beauchamp Johnson
14. MOTHER'S MAIDEN NAME Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT Christine Maddox (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Heart Disease — 1 year

95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Ann Md DATE SIGNED 8/12/49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 8/14/49 NAME OF CEMETERY OR CREMATORY St Mary LOCATION (City, town, or county) Oriole, Md. (State)

DATE REC'D BY LOCAL REG. 8/13/49 REGISTRAR'S SIGNATURE L. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Ann Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1949.
BUREAU V. S.

08137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) ~~Leonard~~ (Last) Leonard
4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 1949

5. SEX Fem
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH May 12 1879
9. AGE last birthday 70 yrs. If under 1 year: Months 3, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Deal Island Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hamilton Jones
14. MOTHER'S MAIDEN NAME Sarah Nutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah E. Harrish

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444 Immediate cause (a) Cholecystitis — 6 years

127a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arthritis — 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15th, 1943, to Aug 14, 1949, that I last saw the deceased alive on Aug 13th, 1949, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eldon G. Marksman Princess Anne, Md. 8-16-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Aug 18
NAME OF CEMETERY OR CREMATORY Deal Island
LOCATION (City, town, or county) (State) Deal Island Somerset Co Md

DATE REC'D BY LOCAL REG. August 17, 1949
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. G.H.C.
24. FUNERAL DIRECTOR Charles H Ward Marion Md. ADDRESS

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
AUG 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08138

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Ave; MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; STREET ADDRESS (If rural give location) Chesapeake Ave Extended

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Bell Mc (Last) Cready

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/1/69

9. AGE last birthday: 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Crisfield Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Wheatton

14. MOTHER'S MAIDEN NAME: Nellie Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Nellie Ann Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

592 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis — Years

(c) Chronic Art nephritis — Years

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from July 10, 1949, to Aug 2, 1949, that I last saw the deceased alive on August 2, 1949, and that death occurred at 8 30 a.m., from the causes and on the date stated above.

at intervals for past 10 years

SIGNATURE (Degree or title): Emory C Anderson M D

ADDRESS: Marion St Crisfield

DATE SIGNED: 8-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE: 8/4/49

NAME OF CEMETERY OR CREMATORY: Asbury Cemetery

LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG.: August 4/1949

REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Durand Covington

ADDRESS: 306 Main St

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Medical Examiner's CERTIFICATE OF DEATH

MTCB 08139

Reg. Dist. No. 760

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D | LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Georgia COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Savannah
STREET ADDRESS (If rural give location) ?

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leola		Morris	Aug	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	Under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	? 190?	About 43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farm work	—	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Davis	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	?	Mary Davis, Allen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 **Immediate cause** (a) Heart Disease — Interval between onset and death: 5 yrs

Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No injury			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.	—	

22. I hereby certify that I ~~attended the deceased from ..... 19..... to ..... 19.....~~, that I last saw the deceased ~~alive on ..... 19.....~~ and that death occurred at 7 P.M. m., from the causes and on the date stated above.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford M.D.	Princess Anne Md	8/30/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-31-49	John Wesley	Princess Anne, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/49	R. R. Johnson, M.D. gd.	William H. James Jr.	Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08140

Reg. Dist. No. 261

1. PLACE OF DEATH · COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland-Somerset — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R F D	STREET ADDRESS (If rural, give location): R F D Rehobeth Road

3. NAME OF DECEASED (Type or Print) (First) LIBBIE (Middle) (Last) OLIVER			4. DATE OF DEATH (Month) Aug. (Day) 18, (Year) 1949	
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 7/4/1895	9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic-Retired	10b. KIND OF BUSINESS OR INDUSTRY: House work	11. BIRTHPLACE (State or foreign country): Marumsco, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George Taylor		14. MOTHER'S MAIDEN NAME: Unknown - (Positively)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Edward Oliver (Husband)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260 Immediate cause	(a) Uremia Diabetes Coma	1 mth
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int Nephritis Chronic Myocardial	
	(c) Diabetes Mellitus	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug. 16, 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C Cullinan MD August 20 49 Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Aug.21,1949	NAME OF CEMETERY OR CREMATORY: Marumsco Cemetery	LOCATION (City, town, or county) (State): RURAL, Marion, Md.
DATE REC'D BY LOCAL REG.: August 20/1949	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1949
BUREAU V. S.

08141

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH· COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion — LENGTH OF STAY (in this place): 1 Year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RURAL,	STREET ADDRESS (If rural give location): Landon's Corner

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) LEE (Last) POWELL, SR.

4. DATE OF DEATH: (Month) Aug. 30, (Day) 1949 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 12, 1903

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman, Merchant Marine

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Powell

14. MOTHER'S MAIDEN NAME: Frances Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 171-10-3228

17. INFORMANT: Mrs. Pearl Wilma Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

539.1 Immediate cause (a) Uremia, Acute Dil. of Heart — Aug 28 49

Antecedent cause(s)

131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arsophyseal Stricture from Ulcer — not [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis Chronic Interstitial — Years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from April 1, 1949, to Aug 30, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 3:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C Cullham M D — August 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept. 2, 1949

NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery

LOCATION (City, town, or county) (State): Marion, Maryland

DATE REC'D BY LOCAL REG: August 30, 1949

REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08142

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oriole — LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oriole, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Warren (Middle) E. (Last) Shores

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 20, 1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months — Days 18 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck farming

11. BIRTHPLACE (State or foreign country): Oriole

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis E. Shores

14. MOTHER'S MAIDEN NAME: Mollie Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Edith Travers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 15 min.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Atherosclerosis — ?

94a

(c) Arteriosclerosis & Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1949, to ---------, 19....., that I last saw the deceased alive on Never, 19....., and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

T. R. Constable Jr. M.D. | Princess Anne, Md. | 8-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 9 1949 | NAME OF CEMETERY OR CREMATORY: M. E. A. M. Cemetery | LOCATION (City, town, or county) (State): Oriole Md

DATE REC'D BY LOCAL REG. 8/8/49 | REGISTRAR'S SIGNATURE: R. B. Johnson, M.D. | 24. FUNERAL DIRECTOR: Dale A. Bashiell | ADDRESS: Pr. Anne, Md

RECEIVED
AUG 9 1949
BUREAU V. S.

08143

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hospital	STREET ADDRESS (If rural, give location): Asbury

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) AGUSTUS	(Last) STERLING	4. DATE OF DEATH	(Month) August (Day) 3 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct.10,1872	9. AGE last birthday: 76 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transfer & Storage	10b. KIND OF BUSINESS OR INDUSTRY: Office	11. BIRTHPLACE (State or foreign country): Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13. FATHER'S NAME: Hance Sterling	14. MOTHER'S MAIDEN NAME: Harriet Bedsworth				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 579-09-5769	17. INFORMANT: Mrs. Georgia Lee Sterling			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis Chronic Int. nephritis — Yes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Genial arteriosclerosis

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1949 to Aug. 3, 1949, that I last saw the deceased alive on Aug 2, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C. Coulbourn M.D. — ADDRESS: Marion St. Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Aug.5,1949	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: Aug. 4, 1949	REGISTRAR'S SIGNATURE: C. E. Collins	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08144

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Somerset; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chesapeake Ave. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Chesapeake Ave. Ext.

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) FRANKLIN (Last) TULL
4. DATE OF DEATH: (Month) Aug.27,1949 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan.31,1860
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Ship building
11. BIRTHPLACE (State or foreign country): Pocomoke City, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Tull
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Long Tull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
594 Immediate cause	(a) Nephritis, interstitial	2
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Encephalomalacia	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 19 47, to Aug, 19 49, that I last saw the deceased alive on July 9, 19 49, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE: C. S. Rawley (Degree or title): M.D. ADDRESS: Crisfield Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: Aug.29,1949
NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: Aug-29,1949
REGISTRAR'S SIGNATURE: C. E. Collins
24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

RECEIVED
SEP 5 1949
BUREAU V. S.